New York City Transit
www.mta.info/nyct/index.html

DIVISION OF MATERIEL SOLICITATION MGT. UNIT

REMITTANCE ADDRESS CHANGE FORM

The information requested on this form is essential for invoice payment. Failure to maintain an accurate remittance address may result in delayed or misrouted payment. Please complete this form and fax it back to us it at 646-252-6442. Contact us at Vreplies@nyct.com with any questions related to this form's requirements.

- -

Federal Tax ID #/EIN

Vendor Company Name

Address

City

State/Province

Country (Other Than USA)

Accounts Payable Contact

Name

E-mail Address

( ) - X

Telephone Number

( ) -

Fax

Authorization *Name:* _____ *Title:* _____

Phone: _____

Signature: _____ *Date:* _____

----------*NYCT USE ONLY*----------

Vendor Number

Change Processed by: _____ *Date:* _____